

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoration PAC

ADDRESS (number and street)

1901 Butterfield Road

Ste. 120

☐ Check if different than previously reported. (ACC)

Downers Grove

IL

60515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571588

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2018

06

30

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

20

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2018		<span style="border: 1px solid black; padding: 2px;">1948791.57</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">563526.47</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">509300.55</span>	<span style="border: 1px solid black; padding: 2px;">2284459.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1072827.02</span>	<span style="border: 1px solid black; padding: 2px;">4233251.12</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">411051.76</span>	<span style="border: 1px solid black; padding: 2px;">3571475.86</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">661775.26</span>	<span style="border: 1px solid black; padding: 2px;">661775.26</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Restoration PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	508610.00	2278865.00
(ii) Unitemized .....	690.55	1394.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	509300.55	2280259.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	509300.55	2280259.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	4200.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	509300.55	2284459.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	509300.55	2284459.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	107508.21	808810.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	107508.21	808810.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	303500.00	2762602.84
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	43.55	62.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	43.55	62.55
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	411051.76	3571475.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	411051.76	3571475.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	509300.55	2280259.55
34. Total Contribution Refunds (from Line 28(d)) .....	43.55	62.55
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	509257.00	2280197.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	107508.21	808810.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	107508.21	804610.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Draper, John, , ,

Mailing Address 7401 US Highway 40

City  
KremmlingState  
COZip Code  
80459-9634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bear Mountain Ranch

Occupation (for Individual)

Owner/Proprietor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2018

Transaction ID : SA11AI.6960

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giersch, Pat, , ,

Mailing Address 2315 Fairfax Rd.

City  
St. CharlesState  
ILZip Code  
60174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Right Pointe Co.Occupation (for Individual)  
Self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2018

Transaction ID : SA11AI.7056

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keinath, Warren, , ,

Mailing Address 24 Ravens pointe dr.

City  
Lake Saint LouisState  
MOZip Code  
63367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2018

Transaction ID : SA11AI.6946

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mallon, Thomas, , ,

Mailing Address 6 N Michigan Ave.

City  
ChicagoState  
ILZip Code  
60602-4885FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Regent Surgical Health

Occupation (for Individual)

Chairman/Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2018

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pearman, John, , ,

Mailing Address 2700 Patriot Blvd  
Suite 250City  
GlenviewState  
ILZip Code  
60026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delos CommunicationsOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2018

Transaction ID : SA11AI.7078

Amount of Each Receipt this Period

10.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pearman, John, , ,

Mailing Address 2700 Patriot Blvd  
Suite 250City  
GlenviewState  
ILZip Code  
60026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delos CommunicationsOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2018

Transaction ID : SA11AI.6923

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

2110.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Uihlein, Richard, E., ,**

Mailing Address 1396 N. Waukegan Rd.

City  
Lake Forest

State  
IL

Zip Code  
60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2018

Transaction ID : SA11AI.6945

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500000.00

508610.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Amazon.com**

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98108Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2018

FEC Identification Number

C

**Transaction ID : SB21B.7009**

Amount of Each Disbursement this Period

52.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98108Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C

**Transaction ID : SB21B.7016**

Amount of Each Disbursement this Period

37.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98108Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2018

FEC Identification Number

C

**Transaction ID : SB21B.7025**

Amount of Each Disbursement this Period

66.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Amazon.com**

Mailing Address PO Box 81226

City  
SeattleState  
WAZip Code  
98108Purpose of Disbursement  
Office equipment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	7					2	0	1

FEC Identification Number

C

**Transaction ID : SB21B.7038**

Amount of Each Disbursement this Period

152.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Road #650-1151

City  
AustinState  
TXZip Code  
78746Purpose of Disbursement  
Fundraising consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	9					2	0	1

FEC Identification Number

C

**Transaction ID : SB21B.7026**

Amount of Each Disbursement this Period

24000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Solutions**

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	4					2	0	1

FEC Identification Number

C

**Transaction ID : SB21B.6987**

Amount of Each Disbursement this Period

90.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24242.09

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Campaign Solutions**

Mailing Address 117 North Saint Asaph Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Website hosting; email deployment

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7002**

Amount of Each Disbursement this Period

25.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6996**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	8			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7020**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	5				2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B.7033**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	6				2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B.7035**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clear Creek Strategies**

Mailing Address PO Box 9865

City  
DenverState  
COZip Code  
80209Purpose of Disbursement  
Strategy Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	6				2	0	1	8

FEC Identification Number

C

**Transaction ID : SB21B.6994**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3040.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Comcast Business**

Mailing Address PO Box 3001

City  
SoutheasternState  
PAZip Code  
19398-3001Purpose of Disbursement  
Cable, internet, and telephone service

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2018			

FEC Identification Number

C

**Transaction ID : SB21B.7010**

Amount of Each Disbursement this Period

370.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Costco.com**

Mailing Address 999 Lake Drive

City  
IssaquahState  
WAZip Code  
98027Purpose of Disbursement  
Office Equipment

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2018			

FEC Identification Number

C

**Transaction ID : SB21B.6991**

Amount of Each Disbursement this Period

583.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crowdsout**

Mailing Address 1101 K St. NW, 8th Floor

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Software licensing

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2018			

FEC Identification Number

C

**Transaction ID : SB21B.6988**

Amount of Each Disbursement this Period

825.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1778.44

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Delos Communications**

Mailing Address 2700 Patriot Blvd., Ste. 250

City  
GlenviewState  
ILZip Code  
60026Purpose of Disbursement  
Strategic Planning Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6981**

Amount of Each Disbursement this Period

24000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FedEx**Mailing Address 3875 Airways, Module H3  
Department 4634City  
MemphisState  
TNZip Code  
38116Purpose of Disbursement  
Shipping services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	7			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6998**

Amount of Each Disbursement this Period

14.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FedEx**Mailing Address 3875 Airways, Module H3  
Department 4634City  
MemphisState  
TNZip Code  
38116Purpose of Disbursement  
Shipping services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7040**

Amount of Each Disbursement this Period

16.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

24030.44

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Harris Media, LLC**

Mailing Address 2131 Theo Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Design consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6993**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Harris Media, LLC**

Mailing Address 2131 Theo Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Design consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7007**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Harris Media, LLC**

Mailing Address 2131 Theo Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Design consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7042**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

22500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Hodas & Associates Strategic Communications**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2018

Mailing Address 960 Clock Tower Drive, Ste. J

City  
SpringfieldState  
ILZip Code  
62704Purpose of Disbursement  
Polling expense

005

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.7032**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LexisNexis**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2018

Mailing Address 28544 Network Place

City  
ChicagoState  
ILZip Code  
60673Purpose of Disbursement  
Research services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.7006**

Amount of Each Disbursement this Period

855.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft Corporation**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2018

Mailing Address One Microsoft Way

City  
RedmondState  
WAZip Code  
98052Purpose of Disbursement  
Software Licensing

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB21B.7000**

Amount of Each Disbursement this Period

132.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15987.58

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. SmartGate Corporation**

Mailing Address 15 East Madison St.

City  
LombardState  
ILZip Code  
60148Purpose of Disbursement  
Website services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6979**

Amount of Each Disbursement this Period

92.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SmartGate Corporation**

Mailing Address 15 East Madison St.

City  
LombardState  
ILZip Code  
60148Purpose of Disbursement  
Website services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7041**

Amount of Each Disbursement this Period

4590.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Telecom Management, Inc.**

Mailing Address 1315 Louis Ave.

City  
Elk Grove VillageState  
ILZip Code  
60007Purpose of Disbursement  
Telephone service - installation

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.7015**

Amount of Each Disbursement this Period

880.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5563.35

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Veralith, Inc.**

Mailing Address 800 West Fifth Ave.

City  
NapervilleState  
ILZip Code  
60563Purpose of Disbursement  
Website content (production cost)

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C

Transaction ID : SB21B.7021

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

107358.81

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE	19	OF	20
FOR LINE 24 OF FORM 3X			

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> <b>C00571588</b>																					
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y														

Full Name of Payee <b>Harris Media, LLC</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>06</td><td></td><td></td><td>18</td><td></td><td></td><td>2018</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	06			18			2018			
M	M	/	D	D	/	Y	Y	Y	Y																
06			18			2018																			
Mailing Address <b>2131 Theo Drive</b>				Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>12000.00</td><td></td><td></td><td></td></tr></table>																		12000.00			
						12000.00																			
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78723</b>		Transaction ID : <b>SE.6883</b>																					
Purpose of Expenditure <b>Digital advertising (placement cost)</b>			Category/Type <b>004</b>	Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>06</td><td></td><td></td><td>18</td><td></td><td></td><td>2018</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	06			18			2018			
M	M	/	D	D	/	Y	Y	Y	Y																
06			18			2018																			
Name of Federal Candidate: <b>Nicholson, Kevin, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>																					
Calendar Year-To-Date Per Election for Office Sought			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1409232.84</td><td></td><td></td><td></td></tr></table>																	1409232.84				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
						1409232.84																			

Full Name of Payee <b>Harris Media, LLC</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>06</td><td></td><td></td><td>26</td><td></td><td></td><td>2018</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	06			26			2018			
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06			26			2018																			
Mailing Address <b>2131 Theo Drive</b>				Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>26000.00</td><td></td><td></td><td></td></tr></table>																		26000.00			
						26000.00																			
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78723</b>		Transaction ID : <b>SE.7017</b>																					
Purpose of Expenditure <b>Digital advertising (placement cost)</b>			Category/Type <b>004</b>	Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>06</td><td></td><td></td><td>26</td><td></td><td></td><td>2018</td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	06			26			2018			
M	M	/	D	D	/	Y	Y	Y	Y																
06			26			2018																			
Name of Federal Candidate: <b>TESTER, JON, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>																					
Calendar Year-To-Date Per Election for Office Sought			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>26000.00</td><td></td><td></td><td></td></tr></table>																	26000.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
						26000.00																			

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>38000.00</td><td></td><td></td><td></td></tr></table>																	38000.00			
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(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
(c) TOTAL Independent Expenditures .....	▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2018			

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>Harris Media, LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 26 / 2018							
Mailing Address 2131 Theo Drive				Amount <span style="border: 1px solid black; padding: 2px;">65500.00</span>							
City Austin		State TX		Zip Code 78723							
Purpose of Expenditure Digital advertising (placement cost)				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>							
Name of Federal Candidate: Baldwin, Tammy, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: WI							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1474732.84</span>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item <b>Harris Media, LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 26 / 2018							
Mailing Address 2131 Theo Drive				Amount <span style="border: 1px solid black; padding: 2px;">200000.00</span>							
City Austin		State TX		Zip Code 78723							
Purpose of Expenditure Digital advertising (placement cost)				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>							
Name of Federal Candidate: Nicholson, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: WI							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1674732.84</span>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;"><span style="border: 1px solid black; padding: 2px;">265500.00</span></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures .....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">303500.00</span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">265500.00</span>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>	(c) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">303500.00</span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">265500.00</span>										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>										
(c) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">303500.00</span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Gaskill, Sherry, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 20 / 2018							

[Electronically Filed]